



## ACCOUNTABILITY PROGRAM IMPROVEMENT

2004 Data Quality Review

District:

District CTD:

Director Name:

Date audit began:

Position:

Time audit began:

Contact Email:

Date audit ended:

Address:

Time audit ended:

City, St:

ZIP:

Auditor

Phone #:

Basic Grant Assignee

FAX #:

We have received a copy of this document and understand we must make the corrections to our data by October 31, 2004.

District Representative:

Date

ADE Representative:

Date